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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	02900.0004/P043
	First Named Inventor	Plate, John R.
	Original Patent Number	5,639,119
	Original Patent Issue Date (Month/Day/Year)	June 17, 1997
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/>	Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/>	Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration (if applicable)
4. <input type="checkbox"/>	Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/>	* Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired
5. <input type="checkbox"/>	Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	11. <input type="checkbox"/>	Preliminary Amendment
6. <input type="checkbox"/>	Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
7. <input type="checkbox"/>	<input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	13. <input type="checkbox"/>	Other: _____ _____ _____
<p>NOTE FOR ITEMS 1-10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.77). EXCEPT FOR ONE PAID IN A PRIOR APPLICATION, IS RELIED UPON (37 C.F.R. § 1.28).</p>			

14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below
Name	Donald A. Gregory, Esq. Dickstein Shapiro Morin & Oshinsky LLP		
Address	2101 L Street, N.W., 4th Floor		
City	Washington	State	D.C.
Country	USA	Telephone	202-785-9700
Fax	202-887-0689		

NAME (Print/Type)	MARK THOMSON	Registration No. (Attorney/Agent)	33,082
Signature			
Date	June 17, 1999		

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

O2900.0004/P043

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 33	**** 14 = x \$ ____ =	or		x \$ ____ =	
(C) 4	Independent Claims (37 CFR 1.16(i))	(D) 7	* 3 = x \$ ____ =			x \$ ____ =	
			Basic Fee (37 CFR 1.16(h))		\$ ____		\$ 760.00
			Total Filing Fee		\$ ____	OR	\$ 760.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	= x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	****	=	x \$ ____ =			x \$ ____ =
			Total Additional Fee		\$ ____	OR	\$ ____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 04-1073. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 760.00 to cover the filing / additional fee is enclosed.

June 17, 1999
Date

Signature of Applicant, Attorney or Agent of Record

Mark J. Thronson #33,082

Typed or printed name